

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF DEDHAM  
APPLICATION FOR PERMIT

INSTAULLERS \$150.00  
HAULERS \$150.00

DATE \_\_\_\_\_

To the permitting Authorities:

The undersigned hereby applies for a permit in accordance with the provisions of the Statutes relating thereto:

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Full Name of Person, firm or Corporation making application:

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Address of business:

In said Town of Dedham, in accordance with the rules and regulations made under authority of said Statutes.

I certify under the penalties of perjury that, I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

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Signature of individual or corporate name (mandatory)

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by: corporate officer (mandatory, if applicable)

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Social security # or FID #

\*This permit will not be issued unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. The permit holder who fails to correct their non-filing or delinquency will be subject to permit suspension or revocation. This request is made under the authority of Mass. F.L.c.s.49A.

Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Permit # \_\_\_\_\_

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Signature of Applicant